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LEGISLATION RELATING TO PUBLIC HEALTH INTRODUCED IN CONGRESS

A number of bills relating to public health have been introduced in Congress. A partial list, including the purpose of the legislation, as stated in the titles of the bills, is given below.

DENTAL HEALTH

H.R. 2234. By Mr. Traynor (Del.). A bill to amend the Public Health Service Act and to provide grants to States, political subdivisions of States, and municipalities for developing and maintaining dental health plans consisting of effective measures for dental health education; effective measures for the prevention, treatment and control of dental diseases; and for other purposes.

H.R. 3412. By Mr. Brehm (Ohio). Identical with H.R. 3414 and S. 1099. A bill to amend the Public Health Service Act so as to provide assistance to States in developing and maintaining dental health programs, and for other purposes.

EDUCATION

H.R. 2044. By Mr. Weiss (Pa.). Identical with H.R. 2045. A bill to establish a United States Commission for the promotion of physical fitness and making an appropriation for such commission.

H.R. 3350. By Mr. Judd (Minn.). Identical with S. 637. A bill to authorize the release of persons from active military service and the deferment of persons from military service, in order to aid in making possible the education and training of physicians and dentists to meet essential needs.

HEALTH INSURANCE AND SOCIAL SECURITY

S. 1050. By Mr. Wagner (N.Y.). Identical with H.R. 3293. A bill to provide for the National security, health and public welfare.

HOSPITALS AND PUBLIC HEALTH CENTERS

H.R. 3561. By Mr. Priest (Tenn.). Identical with H.R. 3845, H.R. 2498 and S. 191. A bill to amend the Public Health Service Act to authorize grants to the States for surveying their hospitals and public health centers and for planning construction of additional facilities, and to authorize grants to assist in such construction.

INDUSTRIAL HEALTH

H.R. 525. By Mrs. Norton (N.J.). A bill to provide for cooperation with State agencies administering labor laws in establishing and maintaining safe and proper working conditions in industry and in the preparation, promulgation, and enforcement of regulations to control industrial health hazards.

NARCOTICS

H.R. 2348. By Mr. Robertson (Va.). A bill to provide for the coverage of certain drugs under the federal narcotic laws.

NUTRITION

S. 1151. By Mr. Aiken (Vt.) and Mr. LaFollette (Wis.). A bill to safeguard the health efficiency, and morale of the American people; to provide for improved nutrition through a more effective distribution of food supplies through a food-allotment program; to assist in maintaining fair prices and incomes to farmers by pro-

viding adequate outlets for agricultural products; to prevent burdening and obstructing channels of interstate commerce; to promote the full use of agricultural resources; and for other purposes.

RESEARCH

S. 1160. By Mr. Pepper (Fla.), Mr. Thomas (Utah), Mr. Tunnell (Del.), Mr. Hill (Ala.), Mr. Murray (Mont.), Mr. LaFollette (Wis.) and Mr. Aiken (Vt.). A bill to provide for, foster, and aid in coordinating research relating to neuropsychiatric disorders; to provide for more effective methods of prevention, diagnosis, and treatment of such disorders; to establish the National Neuropsychiatric Institute; and for other purposes.

S. 1297. By Mr. Kilgore (W.Va.), Mr. Johnson (Colo.) and Mr. Pepper (Fla.). A bill to promote the progress of science and the useful arts, to secure the National defense, to advance the National health and welfare, and for other purposes.

H.R. 3816. By Mr. Priest (Tenn.). A bill to provide for, foster, and aid in coordinating research relating to dental diseases and conditions; to establish the National Institute of Dental Research; and for other purposes.

H.R. 3852. By Mr. Mills (Ark.). Identical with H.R. 3860 and S. 1285. A bill to promote the progress of science and the useful arts; to secure the National defense; to advance the National health, prosperity, and welfare; and for other purposes.

SCHOOL LUNCH PROGRAM

S. 962. By Mr. Russell (Ga.) and Mr. Ellender (La.). A bill to provide assistance to the States in the establishment, maintenance, operation and expansion of school-lunch programs, and for other purposes.

VETERANS

S. 1203. By Mr. Johnson (Colo.). Identical with H.R. 3522. A bill to liberalize and clarify the laws pertaining to hospital treatment, medical care, domiciliary care and related services, and for other purposes.

H.R. 1079. By Mr. Johnson (Colo.). A bill to establish a Department of Bureau of Medicine and Surgery in the Veterans Administration.

H.R. 2253. By Mr. Priest (Tenn.). A bill to establish in the Veterans Administration a commissioned service consisting of physicians, surgeons, dietitians, nurses and medical technicians.

H.R. 2587. By Mr. Martin (Mass.). A bill to dispense with the requirement of an oath in connection

with applications for benefits under certain laws granting benefits to veterans and their dependents.

H.R. 3120. By Mr. Weiss (Penn.). A bill to prevent discrimination against veterans by use of the physical examination to disqualify them for their old jobs.

H.R. 3200. By Mr. Cannon (Fla.). A bill to provide that veterans shall not be denied care or treatment in Veterans Administration facilities for mental or nervous disorders because they have not been adjudged mentally incompetent.

H.R. 3253. By Mr. Holifield (Cal.). A bill to facilitate the receipt of hospital treatment and domiciliary care by former members of the armed forces at institutions nearest to their places of residence.

H.R. 3254. By Mr. Miller (Neb.). A bill to amend Section 6 of the Act of March 20, 1933, to authorize the furnishing in private facilities of medical and hospital treatment to certain veterans.

H.R. 3332. By Mr. Barry (N.Y.). A bill to eliminate financial inability to defray expense of hospital treatment or domiciliary care as a prerequisite to obtaining such treatment or care in a Veterans Administration facility, to provide for transportation to such facilities for such treatment or care, and for other purposes.

H.R. 3426. By Mrs. Rogers (Mass.). A bill to provide continued ratings of permanent and total degree where active tuberculosis has been established and to terminate reduction of pension, compensation, or retired pay under laws administered by the Veterans Administration in the cases of veterans without dependents who are hospitalized or domiciled.

H.R. 3463. By Mr. Voorhis (Cal.). A bill to improve the hospital care of American war veterans, to establish a National Veterans Hospital Board, and for other purposes.

H.R. 3465. By Mr. Chelf (Ky.). A bill to provide assistance, advice, counsel, and all other necessary help in the rehabilitation of World Wars I and II veterans; to insure prompt, courteous and efficient disposition of correspondence pertaining to all veterans claims, pensions, insurance, rights, and all other privileges which may now exist under the GI Bill of Rights or other veterans legislation now upon the statute books, or which may later become law, all of which may pertain to monetary or other benefits or services, and all other inquiries or requests for help, advice, and counsel received by each Representative in Congress from each congressional district, which relate directly or indi-

directly to veterans' benefits, health, tranquillity, betterment, and for all other purposes.

H.R. 3594. By Mr. Rogers (Fla.). A bill relating to emergency hospitalization of veterans.

H.R. 3630. By Mr. Sikes (Fla.). A bill to amend the definition of "Veterans Administration facilities" to authorize generally hospital care under contract.

WATER POLLUTION

S. 1037. By Mr. Barkley (Ky.). A bill to provide for water-pollution-control activities in the United States Public Health Service, and for other purposes.

REGULATIONS AND LAWS GOVERNING THE EMPLOYMENT OF SCHOOL AUDIOMETRISTS

Regulations governing the issuance of certificates of registration to school audiometrists were adopted by the State Board of Public Health at its meeting October 13th. They are as follows:

"In accordance with the provisions of Chapter 743 of the Health and Safety Code, the following shall be the qualifications required for a certificate of registration as school audiometrist:

"(1) Applicant who has satisfactorily completed a course in audiometry in a university, college, or institute, whose curriculum has been approved by the California State Board of Public Health, may receive a certificate. If the applicant completed the course in audiometry more than five years prior to the date of application, he must have had at least one year of experience in the interim in the administration of hearing tests of school children in the public or parochial schools, or other tax maintained institutions in this State.

"(2) Applicant who presents evidence of having had two years of substantial and responsible experience in the administration of hearing tests of school children in the public or parochial schools, or other tax maintained institutions in this State within five years preceding the date of application, shall qualify for a certificate.

"(3) Applicant must submit evidence that he has no physical handicap which will interfere with the performance of his duties.

"(4) All applications for the certificate of registration as school audiometrist shall be filed in the office of the State Department of Public Health, Room 739, 760 Market Street, San Francisco 2.

"(5) A registration fee of \$3 shall accompany each application."

Section 252.7 was added to the Health and Safety Code by the last Legislature requiring the State Board of Public Health to issue certificates to school audiometrists and to provide qualifications for the tests of the hearing of school children.

Another new Section 252.6 permits public schools to employ school audiometrists registered by the State Board of Public Health. The law requires that audiometrists give tests with instruments accepted by the Council on Physical Therapy of the American Medical Association.

The Legislature also amended the Education Code in regard to audiometrists. Section 13059.2 was amended to read "the qualifications for school audiometrist shall be a certificate of registration as a school audiometrist issued by the State Board of Public Health and a health and development certificate."

Section 16551 was amended to permit schools to employ school audiometrists.

Section 16443 was amended to read: "No physician, oculist, dentist, dental hygienist, optometrist, otologist, chiropodist, school audiometrist, or nurse not employed in such capacity by the State Department of Public Health, shall be, nor shall any other person be, employed or permitted to supervise the health and physical development of pupils unless he holds a health and development certificate." In effect, this provision exempts employees of the State Department of Public Health who work in the schools from the requirement of holding a health and development certificate.

L. A. INDUSTRIAL HEALTH PROGRAM PRAISED BY U. S. CHAMBER OF COMMERCE

The program sponsored during the war by the Los Angeles Chamber of Commerce is cited by the U. S. Chamber of Commerce as an outstanding accomplishment in the improvement of industrial health.

In a leaflet, *Industrial Health—A Tale of 3 Cities*, the programs in Los Angeles, Williamsport, Pa., and Philadelphia are described. Probably the most important contribution to the success of the Los Angeles program was the leadership shown by businessmen and officials of health agencies in pooling the services of several agencies in a single program.

Because the pattern followed in Los Angeles is an interesting one and because it is adaptable to any California industrial city, the section dealing with the program is reproduced below.

"Los Angeles, one of the great centers of war production, with its 8,000 industries, has recognized the opportunity for manpower conservation and increased production through the development of health services in Los Angeles plants and a plan of worker health education.

"The program for stimulating industrial medical service in Los Angeles plants was organized through the Industrial Security Section of the City and County War Council, which is housed and staffed by the Chamber of Commerce. Such a program, it

was recognized, must have the cooperation of the medical and dental professions and of public health officials. These groups, therefore, were called together and asked to nominate members for an Industrial Health Advisory Council. The council in its final membership included representatives from the Los Angeles County Medical Society, the several dental associations in Southern California, the Los Angeles Tuberculosis Association, and Federal, State, county and city public health officials. This grouping of private and public health agencies made possible the allocation of work to the proper agency and substituted full cooperation for what might have been intergroup competition.

"A prominent executive representing a substantial industrial enterprise which has successfully operated a modern industrial medical service was appointed as chairman. With this arrangement, an industrialist is selling a health program to other industrialists, instead of the medical profession, as such, fronting the campaign. The council meets on alternate Fridays and each member has assumed his share of responsibility and service.

"The initial move of the council followed classic sales procedure—the development of curiosity about the program and the awakening of definite interest in its beneficial opportunities. First, a series of general letters was mailed to the more than 7,600 industrial plants in the area. These letters were signed by the chairman as one businessman writing to another, and emphasized the broad possibilities of industrial health programs and resultant benefits. Following these letters, a continuing series of communications to all industries relating to specific single phases of industrial health was sent out. This series is still under way, and letters are going out at two-month intervals. These point out and drive home health problems confronting the industrial manager which the council and its associated agencies are in a position to help him solve. With each letter goes a pertinent, colorful leaflet dealing in greater detail with the subject in hand. Tuberculosis, venereal disease, other communicable diseases, industrial hygiene, dermatitis and nursing services are among the subjects covered. Each letter opens with an intriguing question directed to industrial management.

"With each letter and leaflet also is enclosed a return sheet for use of the recipient, giving him opportunity to indicate interest in the general program or the specific subject under consideration. These return sheets also provide a request for definite industrial surveys or other services. The returned requests are turned over to the proper public or private service agencies represented on the council, and the requested information supplied or the desired service rendered. In each instance during this service contact, the agency representative undertakes to sell the idea of adequate industrial health service in the plant—if not a complete plan, then some particular phase. To all of the industries which have shown a specific interest through some form of inquiry, special health bulletins intended for plant bulletin boards are sent at two-week intervals.

"While this was going on a background of public understanding was being created. Newspaper articles were published carrying interviews with prominent men, and editorial support was secured. Two successive series of radio programs were instituted. The first series was presented every Saturday evening by the local station of a National network. The programs consisted of group discussions of health problems and facilities. Plans for the next series were more ambitious. Recordings were made right in the war plants with production noises, conversation, and other activities in the background. The listener is taken on a tour through the plant for interviews with doctors, nurses and workers. These plant tours reveal the provisions for worker health and safety and demonstrate the value of these safeguards to the worker. The recordings are colorful and convincing. One can almost feel the hum of machinery, see the wheels spinning, and sense the attitude of employees in dealing with their own health problems. The records are made available to industrial plants, organizations, and other interested groups. They were also put on the air in Saturday evening broadcasts.

"Has this well-organized and intensive campaign been effective in producing actual results?

"It has—many results are intangible, but here are some that are direct:

"Nearly 1,000 industries are using the material provided by the council and their employees are becoming increasingly health-conscious. The great majority of these plants have adopted some part, at least, of the health program.

"In the field of tuberculosis, more than 125 industries were sold on chest X-rays for their employees in the first campaign of the council, and the Los Angeles County Tuberculosis and Health Association X-rayed more than 30,000 employees in these plants. The second campaign developed arrangements with some 200 more industries which the association is now working on.

"With reference to venereal diseases, the city and county health departments report that, with the council's constructive cooperation, 35 industries with 118,256 employees have been blood-tested, 30 industries with 5,705 employees have testing programs under way, 65 industries with 9,433 employees are favorably considering programs, and many others have been given preliminary interviews.

"At the council's instigation, community health agencies have surveyed hygiene facilities in several hundred industries and have made suggestions for improvement. Another group of surveys is now in process.

"Industrial nursing contacts have been made at 250 industries, many of which have installed facilities in this field.

"The Industrial Health Advisory Council also attacked general health problems which definitely affect industry. These included such subjects as hospital facilities, cross connections in the water system, mosquito and rat abatement, smoke and fume control, dental hygiene, veteran relationships, inter-

ruptions in garbage collections, and health legislation.

"Due to the successful results of the industrial health campaign to date, the Industrial Security Section has unanimously agreed to continue the Industrial Health Advisory Council and to extend its operations indefinitely as an advisory and action sub-group of the manufacturing and industries committee of the chamber.

"The problem of developing industrial health service for smaller industries is given special attention. Since the majority of workers in Los Angeles area are in plants employing less than 250, with many thousands in plants employing 25 or less, the council feels that it is essential to develop plans under which part-time medical and nursing service, and possibly cooperative clinical facilities, may be provided. The chamber and the council are convinced that while only a beginning has been made, gratifying results have already been produced and every effort will be devoted to continuing and expanding the scope of effective operation."

Commenting upon the program, Dr. George M. Uhl, Los Angeles City Health Officer, says, "To the 7,000 pieces in each mailing sent out by the council, there was an average of 200 or 300 replies for further information. The city and county health departments and the Tuberculosis and Health Association made the visits according to the location of the plant and the nature of the subject of the current mailing. The final 'convincer' was the personal contact of these field workers meeting with management."

One accomplishment of the program, omitted from the report, is the part the council played in getting *Unseen Enemy*, the radio program on venereal diseases, on the air. This program, sponsored by the State Department of Public Health and local health departments, grew out of the initial broadcasts of the council.

OUTBREAK OF ANTHRAX IN CATTLE IN SUTTER AND YUBA COUNTIES

One human case of anthrax has been reported from Sutter County resulting from an outbreak of the disease in dairy and beef herds.

Twelve cases among cattle in Sutter and Yuba Counties were reported to the State Department of Agriculture in September and scattered cases were reported in Butte, Yolo, Marin, Alameda and Kern Counties. It is believed that more cases in animals are occurring in Sutter and Yuba Counties than are being reported. The outbreak there was continuing in October but was expected to subside with the onset of cold weather.

The human case occurred in a man who had skinned an animal which had died of anthrax in Sutter County. A lesion developed on his wrist the next day and he

was advised by a veterinarian to see his physician. A diagnosis of anthrax was made and the patient was placed in a hospital and treated successfully with sulfathiazole and penicillin.

The State Department of Agriculture reports that penicillin is being used successfully in the treatment of animal cases. In most instances anti-anthrax serum and penicillin are used.

LOS ANGELES BEACH QUARANTINE EXTENDED TO SEASIDE TERRACE, SANTA MONICA

A new order extending the quarantine of the Los Angeles beaches to Seaside Terrace, south of the Santa Monica pier, was issued by the State Board of Public Health at its meeting October 13th.

The new order, which replaces the one issued by the board on September 15, 1941, follows:

"WHEREAS, Laboratory studies and sanitary inspections made by the California State Department of Public Health during 1945 have shown that the ocean beach and shore waters of Santa Monica Bay, extending from Fourteenth (14th) Street north of the Hermosa Beach Pier in Hermosa Beach to Seaside Terrace south of the Santa Monica Pier in the City of Santa Monica, are contaminated and polluted with sewage to a dangerous degree; and

"WHEREAS, This condition constitutes a menace to the health of persons using these beaches; and be it

"Resolved, That the California State Board of Public Health, meeting in Los Angeles on Saturday, October 13th, 1945, does hereby establish a quarantine of the stretch of beach north of the Hermosa Beach Pier in Hermosa Beach to Seaside Terrace south of the Santa Monica Pier in the City of Santa Monica. Quarantine under this order means the exclusion of the public from the shore waters and the beach in the area described above extending on the beach to the point reached by high tide; and be it further

"Resolved, That, pursuant to the above findings of the California State Board of Public Health, a copy of this resolution be sent to all city and county health officers within the area herein described, notifying and advising them of said quarantine and directing that they post signs warning the public that the area is under quarantine and that they enforce the provisions of this order.

"Said action is taken for the preservation of the public health pursuant to the provisions of the Health and Safety Code of the State of California."

The National Safety Council reports that in the two weeks immediately following V-J Day the total of traffic deaths jumped to 2,430. Twenty-six per cent more people were killed in traffic accidents during August, 1945, than in the same month a year ago.

CALIFORNIA ABOVE NATIONAL AVERAGE BUT BELOW STANDARDS IN PHN EMPLOYMENT

The United States now has a total of 20,818 public health nurses, or one public health nurse for every 8,300 people, according to statistics supplied by the United States Public Health Service.

The distribution of public health nurses according to population ranges from one public health nurse to every 2,900 people in an Eastern State to one for 18,300 people in a Southwestern State. There are 909 counties without a public health nurse.

The last count made in California was on January 1, 1945. On that date, there were 1,440 public health nurses employed, or one for every 6,141 persons based on a population estimate of 8,842,700.

The minimum standard advocated by public health authorities is one public health nurse to every 2,000 to 5,000 population.

In California 14 counties had one nurse to every 5,000, or less, population. They are: Alpine, Del Norte, Inyo, Kings, Marin, Mariposa, Mono, San Diego, San Luis Obispo, Santa Barbara, Solano, Sutter, Ventura and Yuba.

The population served by one public health nurse was 10,000 or more in eight counties: Humboldt, Mendocino, Napa, Placer, San Benito, San Joaquin, Siskiyou and Stanislaus.

The people in six counties did not have the service of a public health nurse on January 1st. They are: Calaveras, Colusa, Glenn, Plumas, Sierra and Trinity.

Although the total number of public health nurses employed in the Nation is reported to have remained static during the war, the number in California increased by 127 from January 1, 1944, to January 1, 1945.

RECOMMENDATIONS FOR USE OF DDT IN FOOD ESTABLISHMENTS

Recommendations for the use of DDT as an insecticide in restaurants, school cafeterias and other food establishments have been issued by the Bureau of Food and Drug Inspections.

The recommendations which will be available on a card for posting on the walls of kitchens, storerooms and other places where food is handled and stored are printed below.

DDT is an insecticide widely used and publicized by the armed forces and only recently released for civilian use. It has been successfully used to control flies, mosquitoes, ants, roaches, fleas and bedbugs. When applied to walls, ceilings or other surfaces in sufficient amount, it will kill many kinds of insects when they

rest or crawl on the surfaces. The action is effective for two to three months. DDT does not repel insects nor prevent their entering buildings. It acts as a contact poison. The insect may not die for some time after contact.

DDT is *not* a substitute for screening, general sanitation and cleanliness.

Studies in DDT toxicity for humans are still in progress, and complete information is not available, but it apparently is no more dangerous than some other insecticides in common use. Various solvents used in preparation of insecticides containing DDT appear to be more toxic than DDT itself on the basis of present evidence. For further information consult local health officers.

DDT PREPARATIONS

Read the label on the container carefully. The three most common forms of DDT now available are:

Commercial insecticides containing DDT. This will be the form generally used by small establishments and householders. The contents must be shown on the label. Active ingredient commonly varies from 2½ to 5 per cent DDT in a volatile solvent for use in sprayers.

Dust containing 10 per cent DDT in talc or other inert material. This may be useful for application to cracks or crevices.

100 per cent DDT in powder form. This must always be dissolved in a solvent or diluted with inert material before use.

HOW TO USE DDT

Apply DDT spray with a compressed air sprayer or a paint brush. The common flit gun is not satisfactory. It atomizes the material too much, causing a loss of spray. It also may be dangerous to the user who may breathe in the spray.

A spray which will wet the surface but not run is most desirable. One quart of a 5 per cent spray should be used for each 250 square feet of surface. One quart of a 2½ per cent spray should be used for each 125 square feet of surface.

Spray all walls, ceilings and other surfaces. Window screens and screen doors should be brushed, not sprayed, for a spray does not stick to them. It is preferable to apply DDT preparations to surfaces eight hours before food is to be prepared. This will greatly avoid the possibility of food contamination from spray residue.

The area around garbage cans and garbage collection stations should be thoroughly sprayed.

Wash thoroughly with soap and water any skin surface that may have come in contact with the spray.

PRECAUTIONS

Do not store DDT in the same room or near food supplies. DDT is tasteless and particularly when

mixed with inert materials may be mistaken for flour or baking powder. *It is poisonous.*

Do not allow spray to come in contact with food, dishes, silverware or other household utensils.

Do not spray near open flame. Many solvents are inflammable.

Do not use an Electro Sprayer or similar device which will produce a fog or mist. Solvents, especially kerosene, may be harmful to the respiratory tract.

Do not allow solutions of DDT in oil to remain in contact with the skin. Wash thoroughly with soap and water in case of accidental spilling or spraying on the skin and after each use of the sprayer. Individuals may get an allergic rash due either to the solvent or to the DDT.

STATE RECOMMENDATIONS FOR KITCHEN SANITATION IN SCHOOLS

With the reopening of schools, inquiries have been made concerning proper methods of washing dishes in schools which do not have mechanical equipment. Following are the recommendations of the State Department of Public Health. These are minimum standards. Additional safeguards may be required by local health departments.

HOW TO WASH DISHES

A two-compartment sink, a sink and a dishpan, or two large dishpans are needed.

Scrape the dishes and utensils carefully to remove particles of food. It is desirable to rinse dishes before washing.

Wash dishes thoroughly in *hot* water with enough soap or detergent to make good suds so as to remove all grease and food particles. Water should be as hot as the hands can stand (110°-120° F.). Change water frequently to keep it clean and always hot. Take particular care in washing tines of forks and bowls of spoons. Thorough washing and rinsing of dishes and utensils is very important in order to prevent the growth of germs and molds.

HOW TO SANITIZE WASHED DISHES

Simple washing and rinsing of dishes is not sufficient to guard against the spread of disease when dishes are used in group feeding. For this reason, the dishes, utensils and food containers used in the school should be sanitized. This can be done by one of the following methods:

Method I. Place washed dishes and silver in a wire or wooden rack and immerse them for at least two minutes in clean hot water, at or near the boiling point (170° F. or higher).

Method II. First rinse the washed dishes and utensils of soap. Immerse for two minutes or longer in lukewarm or cool water to which chlorine has been added in the proportion of 100 parts per million. As more dishes are immersed, more chlorine should be added. The use of racks for lowering the dishes into the solution will be found convenient. One tablespoon of a 3 per cent solution of chlorine to one gallon of water will give a solution of the desired strength. Chlorine preparations vary in strength. Consult your local health officer or the State Department of Public Health if in doubt as to the amount of any given commercial preparation you should use.

Method I is preferred because it is simpler and because it is easier to control the temperature of water than to control the amount of chlorine which evaporates.

HOW TO DRY DISHES

The best method is to leave the dishes and utensils in the racks and drain and dry in the air. Cover with a clean cloth. Drying of dishes and utensils with towels is not recommended, but if done towels shall be clean and used for no other purpose.

HOW TO STORE DISHES

When dishes and utensils have dried they should be put away in a clean, dry, closed cupboard. Glasses, bowls and cups should be inverted. Silverware should be placed in a covered box or drawer.

Care should be taken to handle the clean dishes and utensils as little as possible. Glasses and bowls should be grasped from the bottom, plates at the edge, cups by the handles, silverware by the handles, etc.

HOW TO DISPOSE OF GARBAGE

Arrange for removal of garbage at least twice a week or dispose of it by burying it immediately and covering it with at least six inches of packed earth, or burn it in an incinerator. Until removal, garbage should be kept in a metal container closed with a tight lid. These containers must be cleaned thoroughly after each emptying. Do not allow garbage to accumulate.

HOW TO DISPOSE OF DISHWATER

Schools which have a connection with a city sewer system or with a septic tank or cesspool should flush the dishwater into that system. Schools having no connection with a waterflushed drainage system should make provision for sanitary underground disposal of dishwater. Advice concerning the construction of such disposal systems can be obtained from local health departments or from the State Department of Public Health.

CALIFORNIA SECOND IN EMIC CASES

With 68,904 patients accepted for care under the Emergency Maternity and Infant Care Program, California is second among the States in the number of cases authorized from the start of the program through August, 1945.

New York, 86,025 patients, is first. Other leading States are: Pennsylvania, 56,294; Texas, 49,585; Illinois, 48,697; Ohio, 42,298.

Throughout the Nation more than 950,000 servicemen's wives and infants have been cared for or are receiving care under EMIC.

Accidents are responsible for one-third of all deaths among school children.—National Safety Council.

MORBIDITY REPORT—SEPTEMBER, 1945

Reportable diseases	Week ending				Total cases	5-yr. median	Total cases
	9/8	9/15	9/22	9/29	Sept.	Sept.	Jan.-Sept., inc.
Amebiasis (Amoebic Dysentery)----	2	4	4	4	14		9
Anthrax-----				1	1		
Botulism-----							
Chancroid-----	7	3	11	6	27		120
Chickenpox (Varicella)-----	36	54	96	84	270	358	39,499
Cholera, Asiatic-----							
Coccidioid granuloma-----	1	1	1		3		27
Conjunctivitis—acute infectious of the newborn (Ophthalmia neonatorum)-----							16
Dengue-----							1
Diarrhea of the newborn-----	4	1	3		8		27
Diphtheria-----	20	31	20	27	98	63	846
Dysentery, bacillary-----	2	5	8	3	18		212
Encephalitis, infectious-----	8	48	24	14	94		226
Epilepsy-----	33	19	40	36	128		1,167
Food poisoning-----			17		18		343
German measles (Rubella)-----	22	29	59	29	139		10,523
Glanders-----							
Gonococcus infection-----	443	550	957	644	2,594	1,556	20,589
Granuloma inguinale-----		1		1	2		34
Influenza, epidemic-----	10	9	6	4	29	51	591
Jaundice, infectious-----	2	1	4	1	8		158
Leprosy-----		1			1		11
Lymphogranuloma venereum (lymphopathia venereum, lymphogranuloma inguinale)-----	4	3	16	6	29		190
Malaria-----	6	7	24	11	48	15	141
Measles (Rubella)-----	68	108	165	126	467	274	30,564
Meningitis, meningococcal-----	3	8	15	9	35	11	547
Mumps (Parotitis)-----	123	149	227	242	741	723	32,292
Paratyphoid fever, A and B-----	1	1	2	1	5		23
Plague-----							
Pneumonia, infectious-----	21	28	30	37	116	175	2,620
Polio-myelitis, acute anterior-----	32	45	58	53	188	66	497
Psittacosis-----							3
Rabies, human-----	6	1	8	7	22	48	491
Rabies, animal-----							1
Relapsing fever-----	7	13	8	11	39		536
Rheumatic fever-----							
Rocky Mountain spotted fever-----	83	96	121	114	414	255	10,805
Scarlet fever-----							
Septic sore throat, epidemic-----							0
Smallpox (variola)-----	402	429	586	695	2,112	1,793	21,149
Syphilis-----	2	2	3	3	10		62
Tetanus-----	1	1			2		31
Trachoma-----							9
Trichinosis-----							
Tuberculosis, pulmonary-----	112	149	123	187	571	648	6,172
Tuberculosis, other forms-----	8	11	14	14	47	38	454
Tularemia-----							3
Typhoid fever-----	5	3	23	2	33	24	104
Typhus fever-----		1		2	3		23
Undulant fever (Brucellosis)-----	4	2	10	7	23	26	194
Whooping cough (Pertussis)-----	117	137	259	172	685	924	12,286
Yellow fever-----							
Totals-----					9,043		193,772

Note: Military cases, if any, not included.

BOTULISM REPORTS

Press and radio reports of outbreaks of botulism frequently do not distinguish between home canned products and commercially canned foods. In recognition of the splendid work of the canning industry in the prevention of botulism through proper processing of products, local health officers are urged to make every effort to see that newspapers and radio stations receive accurate information.

MORBIDITY REPORTS—SELECTED DISEASES—CIVILIAN CASES

TOTAL CASES FOR AUGUST AND TOTAL CASES FOR JANUARY THROUGH SEPTEMBER 1945, 1944, 1943 AND 5 YEAR MEDIAN (1940-1944)

Selected diseases	Current month				Cumulative			
	September				January through September			
	1945	1944	1943	5-yr. median 1940-1944	1945*	1944	1943	5-yr. median 1940-1944
Chickenpox.....	270	577	326	358	39,499	29,432	39,852	29,432
Coccidioid granuloma.....	3	1	3		27	25	19	
Conjunctivitis—acute infectious of the newborn (Ophthalmia neonatorum).....			1		16	27	29	
Diarrhea of the newborn.....	8		4		27	24	133	
Diphtheria.....	98	67	81	63	846	859	736	655
Dysentery, bacillary.....	18	50	49		212	328	330	
Encephalitis, infectious.....	94	5	32		226	53	135	
Epilepsy.....	128	102	106		1,167	1,184	1,262	
Food poisoning.....	18	15	50		343	450	527	
German measles.....	139	168	240		10,523	14,055	28,639	
Influenza, epidemic.....	29	33	41	51	591	10,899	1,367	9,616
Jaundice, infectious.....	8	60	4		158	262	91	
Malaria.....	48	6	13	15	141	96	103	
Measles.....	467	424	268	274	30,564	65,662	19,956	
Meningitis (meningococcal).....	35	48	65	11	547	835	753	143
Mumps.....	741	723	561	723	32,292	26,679	20,400	22,504
Pneumonia, infectious.....	116	211	212	175	2,620	3,359	3,487	2,554
Polio-myelitis, acute anterior.....	188	67	620	66	497	303	2,014	303
Rabies, animal.....	22	64	63	48	491	742	581	452
Rheumatic fever, acute.....	39	39	40		536	435	261	
Scarlet fever.....	414	318	361	255	10,805	7,582	4,916	4,585
Smallpox.....	0	0	0	0	4	20	4	10
Tuberculosis:.....								
Pulmonary.....	571	648	670	648	6,172	6,193	5,750	5,459
Other forms.....	47	43	44	38	454	369	334	343
Typhoid fever.....	33	24	13	24	104	217	98	172
Typhus fever.....	3	11	1		23	24	17	
Undulant fever.....	23	46	26	26	194	243	147	213
Whooping cough.....	685	324	707	924	12,286	3,503	12,965	12,079
Veneral diseases:.....								
Chancroid.....	27	21	18		190	236	140	
Gonococcus infection.....	2,594	1,767	1,556	1,556	20,589	14,814	10,484	12,138
Granuloma inguinale.....	2				34	18	17	
Lymphogranuloma venereum.....	29	13	22		190	166	128	
Syphilis.....	2,112	1,793	2,354	1,793	21,149	20,763	23,122	16,555

* Corrections January through August included.

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